

# Request for Personnel Action / New Hire (DPF-67)

NEW JERSEY DEPARTMENT OF PERSONNEL - HUMAN RESOURCE INFORMATION SERVICES

ENTER TRANSACTION  
EFFECTIVE DATE HERE:      /      /

**INSTRUCTIONS:** See back for instructions for the completion of this form and for explanations of the Data Codes used. Do not make entries in shaded areas.

## SECTION A - EMPLOYEE IDENTIFICATION, TITLE AND SALARY DATA

Employee's Name (Last, First, Middle Initial)			Home Address (Only if desired for use by jurisdiction)			Social Security Number			
Juris./Dept. Code		Jurisdiction		Department			Division or Bureau		
Title			Title Code		Div.	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Weekly Work Hours	EEO Job Code	EEO Function Code
Base Salary \$		♦ Rate Period: ♦ Pay Frequency:		Salary Range		Additional Compensation Type:      Amount: \$		<input type="checkbox"/> Salary Valid If Disapproved: see section D below	<input type="checkbox"/> Salary Disapproved <input type="checkbox"/> Above Max. <input type="checkbox"/> Below Min.

## SECTION B - PERSONAL, EDUCATION AND MISCELLANEOUS DATA

Sex <input type="checkbox"/> M <input type="checkbox"/> F	EEO Ethnic Code	Date of Birth / /	Vet. Status <input type="checkbox"/> D <input type="checkbox"/> V	Service Entry Date / /	Highest Education Level Code	College Credits
Major Subject		Resident of Jurisdiction? (If No, enter municipality and county of residence) <input type="checkbox"/> Yes <input type="checkbox"/> No				Machines Operated/Licenses Required

## SECTION C - TRANSACTION REQUESTED APPROVED (Do not make entries in shaded areas)

<input type="checkbox"/> <b>PERMANENT APPOINTMENT:</b> <input type="checkbox"/> 101 <input type="checkbox"/> From Open Competitive Cert. number: _____ <input type="checkbox"/> 102 <input type="checkbox"/> To Non-Competitive Division Position <input type="checkbox"/> 105 <input type="checkbox"/> From Special Reemployment Cert. number: _____ <input type="checkbox"/> 106 <input type="checkbox"/> From Regular Reemployment Cert. number: _____ <input type="checkbox"/> 104 <input type="checkbox"/> Specific Legislation - Citation <input type="checkbox"/> 119 <input type="checkbox"/> Regular Appointment recorded conditionally  <input type="checkbox"/> 525 <input type="checkbox"/> <b>UNCLASSIFIED APPOINTMENT:</b> (If checked, give Citation NJSA:) _____ <input type="checkbox"/> 178 Unclassified Appointment Disapproved (See Section D below). <input type="checkbox"/> 192 • Remarks [ ] Additional History:	<input type="checkbox"/> <b>PROVISIONAL APPOINTMENT:</b> <input type="checkbox"/> 107 <input type="checkbox"/> Pending Open Competitive Examination <input type="checkbox"/> 108 <input type="checkbox"/> Pending Promotional Procedures <input type="checkbox"/> 174 <input type="checkbox"/> NJAC 4A:4-1.5 O/C Certification number: <input type="checkbox"/> 175 <input type="checkbox"/> NJAC 4A:4-1.5 Promotion Certification number: <input type="checkbox"/> 602 <input type="checkbox"/> Lateral Title Change - Qualifying Examination <input type="checkbox"/> 176 <input type="checkbox"/> Appointment Disapproved - O/C <input type="checkbox"/> 177 <input type="checkbox"/> Appointment Disapproved - Promotion <input type="checkbox"/> 117 <input type="checkbox"/> Provisional Appointment recorded pending review <input type="checkbox"/> 617 <input type="checkbox"/> Pending Specification  <input type="checkbox"/> <b>TEMPORARY/EMERGENCY APPOINTMENT</b> <input type="checkbox"/> 603 <input type="checkbox"/> 6 months or less-aggregate <input type="checkbox"/> 605 <input type="checkbox"/> Grant - 12 months or less <input type="checkbox"/> 171 <input type="checkbox"/> Interim - Replacing <input type="checkbox"/> 535 <input type="checkbox"/> Temporary Appointment recorded pending review
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## SECTION D - EXPLANATIONS (If more space is needed, continue on back).

### FOR DEPARTMENT OF PERSONNEL USE ONLY

<input type="checkbox"/> Duties Classified As/Correct Title is:  Title: _____ _____ Title Code: _____
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## SECTION E - CERTIFICATIONS AND SIGNATURES

**1. EMPLOYEE:** I certify that the statements made concerning me in Section B are to the best of my knowledge true and correct.



**SIGNATURE OF EMPLOYEE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(FOR JURISDICTION USE)

**2. APPOINTING AUTHORITY:** I certify that the action herein requested is consistent with and conforms to pertinent Personnel Rules and Regulations and that, if an appointment, such appointment has been made in accordance with legal requirements and that the position in question has been legally established in accordance with ordinance or resolution.



**SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Appointing Authority or Authorized Agent

☐ continued on back

### ADDITIONAL SIGNATURES

**3. DEPARTMENT HEAD SIGN HERE**



**4. PERSONNEL OFFICER SIGN HERE**



Enter Form Receipt Date:



1  
6  
0

☐ NO LIST EXISTS

☐ SPECIAL REEMPLOYMENT LIST

☐ REGULAR REEMPLOYMENT LIST

O/C LIST: Symbol

Expiration Date

☐ Complete

☐ Incomplete

☐ Rejected Incomplete

PROM LIST: Symbol

Expiration Date

☐ Complete

☐ Incomplete

☐ Rejected Incomplete

☐ Exam Announced.

Exam Requested:

Symbol:

OC: ☐

Closing Date:

Prom: ☐

☐ NO APPOINTMENT LIST

☐ APPROPRIATE LISTS EXISTS: Certify as appropriate from

☐ O/C

☐ Promotion

☐ SRL

☐ RRL

Title of List to be used as appropriate	Symbol	Expiration Date	Information Verified by	Date
Signature	Date	Signature	Date	Signature

# Instructions

The following are general instructions for the completion of the Request for Personnel Action/ New Hire (DPF-67) form. The DPF-67 form is only to be used to report the appointment of new individuals who are not already actively employed. For specific detailed instructions please refer to your Forms Completion Manual.

## Procedure:

1. This form may be completed either by typewriter or hand entry. If hand entry is used, print information clearly using a pen. (Note: Original and two copies are required for submission to the Department of Personnel.)
2. Enter the effective date of the new appointment in the "Transaction Effective Date" block at the top of the form. Fill zero's on all single number date entries -- Example: 02/09/78.
3. Complete Sections A, B, & C by inserting the requested information in the appropriate blocks. Refer to the explanations of data codes below to obtain the specific codes required.
4. Place an "X" in the appropriate box in Section C "Transaction Requested/Approved" indicating the general type of personnel transaction requested. Then, place an "X" in the appropriate box along side of the specific type of personnel transaction requested.

- Example:** ☒ Provisional Appointment  
☒ Pending open competitive examination  
☐ Pending certification of O/C list

If the desired type of transaction is not listed in Section C, indicate the specific transaction requested in Section D "Explanations". Continue on reverse side of form if additional space is needed to include information in the "Explanations" block.

5. Complete Section E "Certification & Signatures."
6. Submit the original and two copies of the DPF-67 form to the New Jersey Department of Personnel.
7. Upon receipt of the DPF-67 form, the New Jersey Department of Personnel will process the requested action, enter the approved action onto its records, and inform you of the disposition of the action through the submission of a computer generated Mini/Employee Profile (form showing the approval action taken by DOP personnel.) Thereafter, all subsequent personnel actions taken on the employee should be submitted on a Request for Personnel Action/Interim Profile (DPF-66A) form.

## EXPLANATION OF GENERAL DATA CODES

The following are explanations of the general data codes on the top sections of the DPF-67 form:

- **ADDITIONAL SALARY TYPE CODE...** LONGV. = Longevity, SHIFT = Shift Differential, COST = Cost of Living, BONUS = Bonus.
- **COLLEGE CREDITS...** For future development. Do not insert data at this time.
- **DATE OF BIRTH...** Month/Day/Year
- **\*ETHNIC CODE...** W = White, not of Hispanic origin, B = Black, H = Hispanic, I = American Indian or Alaskan Native, A = Asian or Pacific Islander.
- **FULL OR PART TIME CODE** (Indicates whether employee works full time or part time in the title shown) ...FT = Full time, PT = Part Time.
- **EDUCATION CODE...**
  - A = Associate Degree
  - B = Bachelor's Degree
  - D = Doctorate Degree (PHD)
  - H = High School
  - L = Law Degree
  - M = Medical Doctor
  - X = Less than High School
  - Y = Master's Degree
  - Z = Specialized Training
  - Certificate
- **EEO JOB CODE...** for AA internal use only
- **EEO FUNCTIONAL CODE...** for AA internal use only

- **JURISDICTION/DEPARTMENT CODE...** This code identifies the local government jurisdiction and the department within the jurisdiction. Codes are to be taken from listings provided by the Department of Personnel.
- **PAY FREQUENCY CODE** (Indicates how often employee is paid)...W = Weekly, B = Bi-weekly, M = Monthly, S = Semi-monthly, A = Once annually.
- **RATE PERIOD CODE** (Indicates the time period on which current base salary is based)...AN = Per Year (Annual), MO = Per Month, WK = Per Week, HR = Per Hour, PD = Per Day.
- **GENDER...** M = Male, F = Female
- **TITLE CODE...** Five digit title code obtained from Title Code Book issued by the Department of Personnel.
- **WEEKLY WORK HOURS SCHEDULED...** Indicates the standard work hour week to be worked by the employee being appointed. If the employee will work part time, indicate the number of hours to be worked.

\*Data to be used for statistical reporting purposes only.

### Explanations (continued from Section D)

### For Jurisdiction Use

### For D.O.P. Use (Additional History)

EFFECTIVE DATE	STATUS	TITLE	DIV.	SALARY	REMARKS